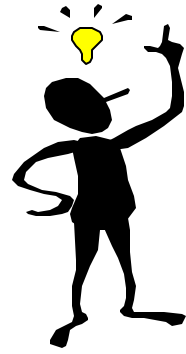


# Information to Have Ready For Medical Provider



- What are your symptoms?
- When did they start?
- What were you doing?
- What activities make you feel worse/better?
- Have you had this problem before?
- What kind of work do you perform?
- What are your hobbies?
- Do you have any other medical conditions?
- Do you take medications regularly? What kind (name)?
- Are you allergic to any medications?

**Do not complete, just think about your responses.**